

# INDIANA CONSUMER SERVICES REVIEW PROFILE - CHILD

## 1. GENERAL REVIEW INFORMATION

0. Record Number: \_\_\_\_\_
1. Child's Name: \_\_\_\_\_
2. County: \_\_\_\_\_
- Provider: \_\_\_\_\_
3. Counselor/Caseworker: \_\_\_\_\_
4. Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Reviewer: \_\_\_\_\_
- Shadow: \_\_\_\_\_
6. Number of persons interviewed:

## 2. CURRENT PLACEMENT

7. Child's placement (*check only one item*)
- ☐ Family bio./adopt. home
- ☐ Kinship/relative home
- ☐ Foster home
- ☐ Therapeutic foster home
- ☐ Shelter care
- ☐ Group home
- ☐ Independent living
- ☐ Detention
- ☐ Hospital/MHI
- ☐ Residential treatment facility
- ☐ Psychiatric residential treatment facility
- ☐ Juvenile institution
- ☐ Adult correction facility
- ☐ Other: \_\_\_\_\_

## 3. CO-OCCURRING CONDITIONS

Identify the co-occurring conditions (*check all that apply*):

- ☐ Mood Disorder
- ☐ Anxiety Disorder
- ☐ PTSD/Adjustment to Trauma
- ☐ Thought Disorder/Psychosis
- ☐ ADD/ADHD
- ☐ Anger Control
- ☐ Substance Abuse/Dependence
- ☐ Learning Disorder
- ☐ Communication Disorder
- ☐ Autism
- ☐ Disruptive Behavior Disorder (CD, ODD)
- ☐ Mental Retardation: ☐ mild ☐ severe  
☐ moderate ☐ profound
- ☐ Medical Problem: \_\_\_\_\_
- ☐ Other Disability/Disorder: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

## 4. DEMOGRAPHIC AND SERVICE INFORMATION

22. Child's Age ☐ 0 - 4 yrs ☐ 5 - 9 yrs ☐ 10 - 13 yrs ☐ 14 + yrs
23. Child's Gender ☐ Male ☐ Female
24. Child's Ethnicity ☐ Euro-American ☐ African-American ☐ Latino-American ☐ American Indian ☐ Asian-American ☐ Pacific Is. American ☐ Other: \_\_\_\_\_
25. Case Open ☐ 0 - 3 mos. ☐ 4 - 6 mos. ☐ 7 - 9 mos. ☐ 10 - 12 mos. ☐ 13 - 18 mos. ☐ 19 - 36 mos. ☐ 37+ mos.
26. Placement Changes ☐ None ☐ 1-2 placements ☐ 3-5 placements ☐ 6-9 placements ☐ 10+ placements
27. Full Scale IQ Score: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
27. Referral Source ☐ Court ☐ DCS ☐ School ☐ Self-referral ☐ Primary care physician ☐ Other: \_\_\_\_\_
28. Time Lapsed ☐ 1-10 days ☐ 11-20 days ☐ 21-40 days ☐ 41-60 days ☐ 61 + days
29. CAN: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Referral to Services ☐ 0. Outpatient ☐ 1. Supportive case management ☐ 2. Intensive community based ☐ 3. Therapeutic foster care ☐ 4. Residential with treatment ☐ 5. PTRF ☐ 6. State operated facility

## 5. DEMOGRAPHIC AND SERVICE INFORMATION

30. Educational Placement or Situation: (*check all that apply*)
- ☐ Regular K-12 ed. ☐ Adult basic/GED ☐ Day treatment program
- ☐ Full inclusion ☐ Alternative ed. ☐ Supported work
- ☐ Part-time sp. ed. ☐ Vocational ed. ☐ Completed/graduated
- ☐ Self-cont. sp. ed. ☐ Expelled/suspen. ☐ Dropped out
- ☐ Other: \_\_\_\_\_

31. Child's Grade Level and Reading Level: (*insert number in box provided*)

Grade Level Assigned:  Current Reading Level:

32. Other Agencies Involved: (*check all that apply*)

- ☐ Child Welfare ☐ Dev. Disabilities ☐ Substance Abuse
- ☐ Mental Health ☐ Juv. Justice ☐ Other: \_\_\_\_\_
- ☐ Special Ed ☐ Voc. Rehab.

33. Number of Psychotropic Medications Prescribed: (*check only one item*)

- ☐ No psych meds ☐ 2 psych meds ☐ 4 psych meds
- ☐ 1 psych med ☐ 3 psych meds ☐ 5+ psych meds

34. Level of Functioning (CGAF): \_\_\_\_\_

[See CSR Protocol, page 102 for Children's Global Assessment of Functioning]

35. Was a mental health assessment performed for the child? ☐ yes ☐ no

36. Who received a copy of the mental health assessment? (*check all that apply*)

- ☐ Parent ☐ Court ☐ Welfare
- ☐ Education ☐ DOC ☐ Other: \_\_\_\_\_

## Special Procedures Used in Past 30 Days: (*check all that apply*)

- ☐ 37. Voluntary time out ☐ 44. Physical restraint (hold, 4-point, cuffs)
- ☐ 38. Loss of privileges via a point & level system ☐ 45. Emergency medications
- ☐ 39. Disciplinary consequences for rule violation ☐ 46. Medical restraints
- ☐ 40. Room restriction ☐ 47. 911 emergency call: EMS
- ☐ 41. Exclusionary time out ☐ 48. 911 emergency call: police
- ☐ 42. Seclusion/locked room ☐ 49. NONE
- ☐ 43. Take-down procedure ☐ 50. Other: \_\_\_\_\_

## 51. Residential Placement in past 30 days, if different from current placement: (*check only one*)

- ☐ Family/adoptive home ☐ Residential treatment center
- ☐ Kinship/relative home ☐ Youth services facility
- ☐ Foster home (regular or therapeutic) ☐ Hospital/institution
- ☐ Private residential facility ☐ Not applicable
- ☐ Group home ☐ Other: \_\_\_\_\_

## 6. LENGTH OF STAY IN CURRENT OUT-OF-HOME PLACEMENT

### 52. Months in Current Out-of-Home Placement: (*check only one item*)

- ☐ 0 - 3 mos. ☐ 10 - 12 mos. ☐ 37+ mos.
- ☐ 4 - 6 mos. ☐ 13 - 18 mos. ☐ Not applicable
- ☐ 7 - 9 mos. ☐ 19 - 36 mos.

## Indiana Formal Services for the Child and Family

Type of Service	Child/Youth		Family/Caregiver	
	Needed/Received	Needed/Not Received	Needed/Received	Needed/Not Received
1. Early intervention services (0-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Diagnosis and assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Service planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Special education instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Homebound services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Alternative education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Transition services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Teen mom/parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Life skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Independent living training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Vocational training/placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Sexual abuse/offender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Functional behavioral awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Academic counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Therapeutic counseling: child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Therapeutic counseling: parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Therapeutic counseling: family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Day treatment program (MH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Residential treatment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Crisis stabilization services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Inpatient hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Medication management services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Parent training and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Day care/child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Respite care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Family preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. In-home supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Emergency shelter services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. DJO/court supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Probation/suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. High risk intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Therapeutic home/tx foster home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Intensive (wraparound) support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Mentor/one-to-one services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Advocacy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# INDIANA CONSUMER SERVICES REVIEW PROFILE - CHILD

Page 3: Child's Name: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 7. CHILD & FAMILY INDICATORS (PAST 30 DAYS)

INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA
<u>Living &amp; Well-Being</u>	1	2	3	4	5	6	
1a. Safety: child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1b. Safety: others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2a. Stability: home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2b. Stability: school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Permanency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Living arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Health/Physical well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6a. Emotional well-being: home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6b. Emotional well-being: school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Substance use: child/youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Developing Life Skills</u>							
8. Academic status							
a. Educational placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. School attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Instructional engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Present performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Social connection & supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10a. Lawful behavior: child/youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10b. Lawful behavior: parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OVERALL CHILD STATUS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA
<u>Parent/Caregivers Status</u>	1	2	3	4	5	6	
11. Caregiver support of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12a. Parenting capacities: present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12b. Parenting capacities: reunify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Caregiver participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Substance use: caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15a. Satisfaction services: child/youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15b. Satisfaction services: caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL CAREGIVER STATUS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 8. CHILD PROGRESS (PAST 180 DAYS)

PROGRESS INDICATORS	IMPROVE		REFINE		MAINTAIN		NA
<b>CHANGE OVER TIME</b>	1	2	3	4	5	6	
1a. Symptom reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Substance use reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Improved coping/Self-mgt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. School/work progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Risk reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. Meaningful relationships: family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Meaningful relationships: peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Meaningful relationships: adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Youth progress to transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. OVERALL PROGRESS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 9. INDICATORS OF CURRENT

### PRACTICE PERFORMANCE (PAST 90 DAYS)

INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA
	1	2	3	4	5	6	
1. Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Teamwork							
a. formation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assessment & understanding							
a. child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Outcomes & ending requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Intervention planning							
a. symptom/SA reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. behavior changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. sustainable supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. crisis response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. recovery/relapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. transitions/independ.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Family support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Crisis response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8a. Resources							
a. unique/flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. unit-/placement-based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adequacy of intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Tracking & adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OVERALL PRACTICE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 10. SIX-MONTH FORECAST (NEXT 180 DAYS)

Based on review findings, over the next six months the child's situation is likely to:

☐ Improve ☐ Continue—status quo ☐ Decline/deteriorate